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RESOLUTION NO. 018-2016 - APPROVAL OF MODIFICATIONS TO METAL LEVEL HEALTH BENEFIT PLANS

MOVED by Mr. Thayer, seconded by Ms. Hersey, and unanimously adopted by voice vote by members present.

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) Board of Directors pursuant to Resolution Nos. 016-2014 and 14-2015 adopted the GTCMHIC Standard Platinum, Gold, Silver, and Bronze Metal Level Plans adding said plans to the available benefit plan menu, and

WHEREAS, on July 28, 2016 the Board of Directors, upon recommendation of the Joint Committee on Plan Structure and Design and the Audit and Finance Committee, adopted target Actuarial Values for the Platinum, Gold, Silver, and Bronze Metal Level Benefit Plans to be consistent with the 2017 Actuarial Value Calculator developed by the Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information & Insurance Oversight (CCIO) which was implemented in accordance with the Patient Protection and Affordable Care Act (ACA),

WHEREAS, on August 4, 2016 the Joint Committee on Plan Structure and Design unanimously recommended modifications to the Metal Level Benefit Plans to achieve the Target Actuarial Value ranges and presented its recommendations to the Audit and Finance Committee, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Board of Directors hereby adopts the modifications to the Platinum, Gold, Silver, and Bronze Metal Level Plan for 2017 as set forth in the attached document.

* * * * *

STATE OF NEW YORK)
) ss:
COUNTY OF TOMPKINS)

I hereby certify that the foregoing is a true and correct transcript of a resolution adopted by the Greater Tompkins County Municipal Health Insurance Consortium on September 22, 2016.


Michelle Pottorff, Administrative Clerk

Greater Tompkins County Municipal Health Insurance Consortium

2016 Standard Metal Level Plans and 2017 Joint Committee Recommended Plan Options

Benefit Description		Platinum Plan		Gold Plan		Silver Plan		Bronze Plan	
		2016 Plan	2017 Plan	2016 Plan	2017 Plan	2016 Plan	2017 Plan	2016 Plan	2017 Plan
Actuarial Value		92.60%	91.13%	84.17%	79.47%	79.23%	70.69%	67.92%	61.23%
In-Network Deductible	Individual	\$0.00	\$0.00	\$500.00	\$1,300.00	\$1,300.00	\$1,800.00	\$3,500.00	\$6,550.00
	Family	\$0.00	\$0.00	\$1,500.00	\$2,600.00	\$2,600.00	\$3,600.00	\$7,000.00	\$13,100.00
Deductible Aggregation		Individual	Individual	Individual	Family Aggregate	Family Aggregate	Family Aggregate	Individual	Family Aggregate
Out-of-Network Deductible	Individual	\$500.00	\$500.00	Included w/ In-Network	\$2,600.00	Included w/ In-Network	\$3,600.00	Included w/ In-Network	\$13,100.00
	Family	\$1,500.00	\$1,500.00		\$5,200.00		\$7,200.00		\$26,200.00
Out-of-Pocket Maximum Aggregation		Individual	Individual	Individual	Family Aggregate	Family Aggregate	Family Aggregate	Individual	Family Aggregate
In-Network Out-of-Pocket Maximum <i>Includes Rx Copayments</i>	Individual	\$2,000.00	\$2,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$6,000.00	\$6,350.00	\$6,550.00
	Family	\$6,000.00	\$6,000.00	\$9,000.00	\$6,000.00	\$6,000.00	\$12,000.00	\$12,700.00	\$13,100.00
Out-of-Network Out-of Pocket Maximum	Individual	\$2,000.00	\$4,000.00	Included w/ In-Network	\$6,000.00	Included w/ In-Network	\$12,000.00	Included w/ In-Network	\$13,100.00
	Family	\$6,000.00	\$12,000.00		\$12,000.00		\$24,000.00		\$26,200.00
Primary Care Physician Copay		\$15.00	\$15.00	\$25.00	n/a	n/a	n/a	n/a	n/a
Specialist Copay		\$25.00	\$25.00	\$40.00	n/a	n/a	n/a	n/a	n/a
Chiropractor Copay		\$25.00	\$25.00	\$40.00	n/a	n/a	n/a	n/a	n/a
Diagnostic Lab Copay		\$0.00	\$25.00	\$0.00	20.00%	20.00%	30.00%	20.00%	0.00%
In-Network Coinsurance		0.00%	0.00%	20.00%	20.00%	20.00%	30.00%	20.00%	0.00%
Out-of-Network Coinsurance		20.00%	20.00%	40.00%	40.00%	40.00%	50.00%	40.00%	0.00%
Pharmacy Copayments Retail (30 Day Supply) <i>Subject to Deductible for all plans except the Platinum Plan</i>	Tier 1	\$10.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
	Tier 2	\$30.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
	Tier 3	\$50.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00
High Deductible Health Plan		No	No	No	Yes	Yes	Yes	Yes	Yes
Health Savings Account Eligible.		No	No	No	Yes	Yes	Yes	Yes	Yes
Premium Rates	Individual	\$556.97	\$576.63	\$500.89	\$502.39	\$415.67	\$400.96	\$324.72	\$319.23
	Family	\$1,448.13	\$1,499.25	\$1,302.30	\$1,306.21	\$1,080.74	\$1,042.48	\$844.26	\$829.99
	% Change	n/a	3.53%	n/a	0.30%	n/a	-3.54%	n/a	-1.69%

** 2017 Plan Year Benefits are as recommended by the GTCMHIC Joint Committee on Plan Structure and Design which were approved at the July 7, 2016 meeting.*